



California Narcotic Officers' Association

In partnership with

California Highway Patrol

Drug Recognition Evaluator Course

July 25 – August 4, 2011 (No class Saturday or Sunday)

NEW LOCATION

**Ventura County Police & Sheriff's Reserve Officer Academy
Camarillo, CA**

72 – Hours (over 2 consecutive weeks)

POST Certified Plan IV

Drug Recognition Evaluator (DRE) is an extensive, advanced officer drug impairment training course leading to a State Certification through the California Highway Patrol and International Association of Chiefs of Police (IACP) Credentialing. The DRE is an effective means of identifying and prosecuting drug impaired individuals and has become the accepted standard throughout the United States primarily due to the accuracy and effectiveness of the evaluator.

Qualifications

This course is an advanced drug influence training course for law enforcement officers, which complies with the national standards established by the IACP. Students **are encouraged** to have previous training in National Highway Traffic Safety Administration Standardized Field Sobriety Testing.

The cost of the Drug Recognition Evaluator Course is \$650.00

(Includes: Manual and necessary workshop tools)

Class hours are 0800-1700 daily

For class reservations please mail or fax the below form with payment to:

C N O A

28245 Avenue Crocker Ste 230, Santa Clarita, CA 91355-1201

Fax - (661) 775-1648

For additional information call the CNOA training department at: (661) 775-6967

On-Line Course registration also available at: www.cnoa.org

-Note: We do NOT register by phone-

<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX		Card #	Exp.
Name on CC (Please Print)		Signature	
CNOA ID	<input type="checkbox"/> Member <input type="checkbox"/> NON- Member	<input type="checkbox"/> want to be a member	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss
First	Middle	Last	
Nickname	Title		
Agency			
Address			
City	ST	Zip	
Work Phone	Home Phone	Fax	Region
Social Security # or POST ID NUMBER		EMAIL:	
Home Address			
City	ST	Zip	
Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female	Send my mail to my	<input type="checkbox"/> Work <input type="checkbox"/> Home Alt. address

PLEASE POST